

**STATE OF NORTH DAKOTA
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
INFORMATION TECHNOLOGY SERVICES DIVISION
600 E BOULEVARD AVE, DEPT 325
BISMARCK, ND 58505-0250**

SOLICITATION AMENDMENT

September 30, 2014

SOLICITATION NUMBER AND TITLE: 325-14-050-029 Certified Behavioral Health Electronic Health Record Information System
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AMENDMENT NUMBER: 1

The above referenced solicitation is hereby amended as follows:

Section 1.5 of the solicitation established a deadline for receipt of questions. The responses to these questions are provided as addenda to the solicitation. When necessary, the solicitation has been amended.

- 1. Question:** Is it a requirement that the EHR be a CMS Stage 1 “inpatient” EHR?

Response: The STATE is not specifying a practice type. Please refer to Section 3.4 of the RFP.

No amendment necessary.

- 2. Question:** Has funding been allocated for the system and if so, from where?

Response: As stated in Section 2.2 of the RFP, the 2013 Legislative Assembly appropriated partial funding for this project. In addition to the funding provided, language was included in HB1012 that allows other appropriated funds to be used for this project.

No amendment necessary.

- 3. Question:** Who provided the current system?

Response: MIS e/CET was originally purchased from CMHC Systems. CMHC Systems was acquired by Netsmart Technologies. AIMS was purchased from Advanced Institutional Management Software, which was later acquired by Netsmart Technologies. The STATE owns the source code. Please see Attachment A of the RFP.

No amendment necessary.

- 4. Question:** Has the State worked with a consultant on developing and classifying the requirements list?

Response: No

No amendment necessary.

5. **Question:** If a solution does not meet all the core requirements listed in the RFP, would that be grounds for exclusion from consideration?

Response: The overall technical score has a relative weight of 80 points. 40 points are from the information technology solution component.

No amendment necessary.

6. **Question:** Does the State have a guideline as to how many of the core requirements can be missing and still be considered a viable option?

Response: Technical proposals must receive at least 35 percent of the total points available for the Technical Score to be considered responsive to the RFP requirements. Please see Section 5.1 of the RFP.

No amendment necessary.

7. **Question:** What vendor/solution is the incumbent for Inpatient EHR?

Response: Netsmart Technologies is the incumbent for inpatient EHR. Please see Attachment A.

No amendment necessary.

8. **Question:** What vendor/solution is the incumbent for Patient Accounting and Billing?

Response: Netsmart Technologies is the incumbent for patient accounting and billing. Please see Attachment A of the RFP.

No amendment necessary.

9. **Question:** What vendor/solution is the incumbent for General Accounting?

Response: Peoplesoft is the incumbent for general accounting. Replacing or interfacing to the general accounting system is not included as part of the scope for this RFP.

No amendment necessary.

10. **Question:** Are you looking for any General Accounting components (i.e., GL, AP, AR) as part of this RFP?

Response: Please reference Attachment B of the RFP for all functional requirements.

No amendment necessary.

11. **Question:** Is your preferred option to implement the chosen solution in-house versus vendor hosted?

Response: The STATE does not have a preferred option.

No amendment necessary.

12. **Question:** Considering the size and scope of the RFP and attachments and the effort that will be required to respond to this RFP for us and our partners, we respectfully request that the timeline for submission of proposal be extended by no less ten business days, or two full weeks.

Response: The STATE agrees to extend the Deadline for Receipt of Proposals by 4:00 PM, C.T. to October 28, 2014.

Amendment: Section 1.5 is deleted in its entirety and replaced with the following:

EVENT	DATE
RFP issued	September 11, 2014
Deadline for Submission of Questions and Requests for Clarification by 5:00 PM, C.T.	September 19, 2014
Solicitation Amendment with Responses to Questions and Requests for Clarification issued approximately (if required)	September 29, 2014
Deadline for Receipt of Proposals by 4:00 PM, C.T.	October 28, 2014
Proposal Evaluation completed by approximately	November 21, 2014
Demonstrations	Week of December 1-5, 2014
Notice of Intent to Award issued approximately	December 19, 2014
Deadline for Bidders List and Secretary of State Registration	45 days Prior to Contract Signing
Contract executed and start approximately	February 16, 2015

13. Question: With regard to Attachment B: Requirements Matrix, Tab O: Operational, question O1: the system shall support client kiosks (in waiting room areas) that allow clients to enter application data themselves:

What is the brand and what are the specifications of the kiosks currently in use in the State of North Dakota waiting rooms to which our system will be required to interface?

Response: The STATE does not currently have kiosks in use. The STATE looks to the offeror to propose options.

No amendment necessary.

14. Question: Please confirm that February 1, 2015 is the approximate contract execution / start date.

Response: Please see amended Section 1.5 for an approximate contract execution and start date.

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15. Question: Attachment B is an Excel spreadsheet with a column for a Rating (list item #1) and a column for Notes (list item #2). Should offerors provide system-level answers for items #'s 3-22 within the Word based Technical Proposal and not within cells of Excel based Attachment B?

Response: As identified in the Definitions sheet in Attachment B Requirements Matrix, functionality that has been identified with a Rating of "C" (customization) should include an explanation as to the complexity of the customization and a cost estimate. The offeror should respond to all questions found in Section 3.2, Section 4.2, and all questions in Attachment C Architecture Review Questions.

No amendment necessary

16. Question: Does the STATE expect an offeror's draft schedule to complete all work identified in the SoW within a certain number of months, or are offerors to use their own judgment to define the duration of the schedule?

Response: The STATE is looking to the offeror to use their experience and judgment to define the duration of a reasonable schedule.

No amendment necessary

17. Question: EXHIBIT B – Compensation Details of Attachment G includes pricing information associated with the offeror's proposal. Since the RFP calls for no cost or pricing information in the Technical Proposal, should offerors leave Exhibit B blank in their Technical Proposal submissions, with the understanding detailed cost information will be added at contract signature?

Response: EXHIBIT B of Attachment G Technology Contract is provided as the layout that will be expected to be utilized for compensation. The table will be completed during contract negotiations and dates finalized during planning. Offerors are required to complete Attachment E Cost Proposal as per instructions.

No amendment necessary

18. Question: Attachment E implies that all deliverables defined in the SoW, and presented in lines 3 -26 of Attachment E, are to be completed within an 'initial term' of the contract. Ongoing technical support costs for 4 additional Option Years are to be priced after the initial term. If the initial term is 12 months, the resulting total contract term is 5 years. However, the length of the initial term is not defined in Attachment E or elsewhere in the SoW. Secondly, the number of option years in Attachment E appears to be in conflict with information on p. 25 of Attachment G - Exhibit B, Compensation Details, which shows an initial term and two option years. Please clarify the length of the initial term and the number of option years that are to be priced in offerors' proposals.

Response: The initial term of the Contract is the length of time it takes to implement the product. The date on which the initial term is to end will be arrived at through negotiations between the STATE and the successful offeror. That date will be incorporated into the Contract as the end date. See Contract at Paragraph 5. At the end date, the STATE may exercise options to renew the Contract, and anticipates that renewal periods will be used to obtain software maintenance services. See Contract at Paragraph 5(c). The exact quantity and duration of renewals will be agreed upon through negotiations between the STATE and the successful offeror. After the renewal periods have been exhausted the parties may renegotiate the Contract for additional services, as long as the terms of renegotiation are within the scope of the original Contract. See Contract at Paragraph 5(d).

STATE encourages proposals to include at least four years of annual software maintenance costs when completing the Ongoing Costs section of Attachment E: Cost Proposal.

No amendment necessary

19. Question: Section 3.4 states the following as a "Mandatory Requirement":

"Offeror's proposed solution must have been successfully implemented in at least three similar structured agencies; to include delivery of services and functions in outpatient, inpatient, managed care, and contract management settings, with one being a government entity. For these three agencies, the attesting required for CMS Meaningful Use Stage 1, to include data reporting requirements that were produced and accepted by CMS through reports built in the system."

We have a system that has been implemented in many similar agencies. We have also partnered with a certified product which has been widely used to achieve meaningful use. However, the meaningful use reporting and the similar agencies do not overlap. We could offer more than three references under each category. Is this acceptable?

Response: There are not separate categories to provide references under. The mandatory requirements are to have one certified EHR system that meets all of the stated requirements.

No amendment necessary

20. Question: In section 2.0 Background Information, you state you have two Inpatient Facilities and 8 Remote sites in different cities. However, in the grid you state you have 45 contracted facilities. What are these? Also could we get the addresses of each site, both inpatient and outpatient?

Response: The 45 contracted facilities consist of: a combination of behavioral health outpatient, crisis residential, residential, assisted housing, and inpatient services contracted through public behavioral health with private providers. Examples of services include: medication delivery and management services, mobile crisis intervention, in-home therapies, supervised apartment living with on-sight clinical services, and supervised crisis interventions. The STATE will not provide addresses for the contracted facilities.

No amendment necessary

21. Question: Section 2.2 Budget references the Budget. Can you please provide the budget limit to try not to exceed? We will be pricing in a fair and normal pricing structure for all proposals, however, it will help us determine if we fit well within the scope.

Response: As stated in Section 2.2 of the RFP, the 2013 Legislative Assembly appropriated partial funding for this project. In addition to the funding provided, language was included in HB1012 that allows other appropriated funds to be used for this project. At this time, this is all the information available on the funding available for the project.

No amendment necessary

22. Question: In reference to Section 3.2.A Data Conversion, can we have access to the AMOUNT of data needing conversion so we can price those? (i.e how many files and file types, not what is on each file)

Response: Not all data from the legacy system will be converted. The conversion will depend on the ability to crosswalk the data from legacy systems to the new system. The following is the information the STATE can provide. Offerors should keep in mind that even though the STATE is providing the amount of disk space used, this may not cross equally to the new system.

For ROAP (MIS /eCET) application, there will be two data format types, flat files and HTML. The client data will be exported from the system using a flat file delimited format, and the finalized clinical documents will be exported and converted to a HTML format. 104 gig in disk space is utilized in the storage of the finalized clinical documents. 10 gig in disk space is utilized for client level data. The client database consists of 120,000 clients, which 16,000 are active clients. ROAP client data that is desired to be converted, includes but, is not limited to: federal and state data reporting (substance abuse TEDS dataset, mental health NOMs data set, client level dataset) client demographics, program records, clinical outcome and evidence based data, payer information, and financial eligibility.

Data will be exported from AIMs via flat delimited files. There are 237 current patients with 926 admission records at the NDSH. The LSTC has 111 current clients with 361 admission records.

No amendment necessary

- 23. Question:** In the same regard to the question of Section 3.2.A. Data Conversion, will we be given an idea of the actual Amount of data needed to be converted and migrated from the legacy system. In order to properly price and plan these conversions we need to get an idea of how much data there is. Ideally we would be able to price this up front, versus overshooting or undershooting, which could affect the original bid (should we overshoot) or cause incursions of additional costs down the road (should we undershoot it).

Response: Please see the response for question 22.

No amendment necessary

- 24. Question:** Section 3.2.B.2, you state we need approval to offer a hosting solution different than ITD. Can you provide how this evaluation will take place, so we can answer questions appropriately in order to get said approval? Also, can you tell us when approval will be given?

Response: The hosting determination is made by ITD and is based on information provided in Attachment D (e.g. Hosting Questions and review of proposed service level contract). The timeframe for approval has not been determined.

No amendment necessary

- 25. Question:** Can I hand deliver this RFP Response to your office to ensure it is received without issue, and also so I can get a receipt that it was? The submission only talks about mailing it.

Response: Yes, responses may be hand delivered to the address listed in Section 4.1 of the RFP. Receipts will not be given out to those responses that are hand delivered.

No amendment necessary

26. Question: In regards specifically to attachment B: Can you please elaborate on the degree of descriptive notes you require for the functional requirements. As there are over 1,000 functional questions is it your expectation that every requirement include a descriptive response? A rating of C indicates the type of comment required but there is no indication of what is needed for A. This is an extensive time commitment to accomplish. Sometime a consultant will put something in like this but the site may not have a preference.

Response: As identified in the Definitions sheet in Attachment B Requirements Matrix, functionality that has been identified with a Rating of "C" (customization) should include an explanation as to the complexity of the customization and a cost estimate.

No amendment necessary

27. Question: Would there be any opportunity for extension seeing the answers to these questions will only be provided 14 days prior to the deadline?

Response: Please see the response to question 12.

Amendment as stated above in question 12

28. Question: Section 2.0 Background: You list the number of users (estimated.) How many of these users will be Concurrent Users: Users that will be on the system simultaneously.

Response: The STATE estimates 750 to 850 concurrent users.

No amendment necessary

29. Question: Please elaborate on the current and desired billing structure across the Field Services Division within ND DHS.

- a. Is it the intention of DHS one shared system with population segmented by program?
- b. Is it the intention to centralize billing across the Field Services Division? If not, please define the entities which will need to be viewed as autonomous.

Response: As there are two separate IT systems (AIMS and ROAP), the billing processes for each system are run and processed independently of one another. For example a private pay statement is produced for a client from each of these systems. The STATE is requesting one system to encompass the client population segmented by location and program. It is the intent that a client would receive one billing statement.

No amendment necessary

30. Question: Please elaborate on the need for a Laboratory Information System.

- a. What LIS is currently in place?
- b. Please provide specifications for interfacing with the LIS if the STATE intends to keep the existing LIS.

Response: a. Laboratory system is Labdaq system provided by CompuGroup Medical. The STATE intends to retain this as the LIS.

b. The Labdaq system supports HL7 version 2.4 interfaces.

No amendment necessary

- 31. Question:** Please elaborate on the billing structure of the pharmacies for The One Center
a. Do they operate as one pharmacy with two locations?

Response: The pharmacies operate separately, with independent billing rules, including NPI, NCPDP, and DEA numbers. The STATE is requesting that the pharmacy billing be segmented by location as well. It's the preference that any billable charges the client is responsible for would appear on the one client private pay billing statement.

No amendment necessary

- 32. Question:** Please elaborate on the makeup of agencies sharing information via the MCI

Response: MCI is used by the majority of the information technology solutions of the STATE, to include: Medical Services Division, Economic Assistance Policy Division, Vocational Rehabilitation Division, and Developmental Disabilities Division.

No amendment necessary

- 33. Question:** Section 5.1 – “Points will be calculated as follows.” This section appears to be incomplete. Please clarify.

Response: Proposals will be scored using a 100 point scale. Technical Proposal evaluation has a relative weight of 80 points. Cost Proposal evaluation has a weight of 20 points. Refer to Section 5.1 and Attachment F Proposal Evaluation Worksheet.

No amendment necessary

- 34. Question:** Req. F.44 – Please clarify the functionality desired

Response: The STATE is requesting ability to configure notifications based on disclosures and requests in compliance with HIPAA privacy rule.

No amendment necessary

- 35. Question:** Req. F.893 – Please elaborate on the STATE's preference for providers to enter claims via online portal versus on paper.

Response: The electronic capacity through Portal is preferred, but acceptance of paper allowed.

No amendment necessary

- 36. Question:** Is there a limit to the number of staff a vendor could bring onsite during a demonstration?

Response: No, there is no limit.

No amendment necessary

- 37. Question:** If a vendor is selected for a demonstration, can a combination of on-site and WebEx demos occur?

Response: Yes, a combination of on-site and WebEx demos can occur.

No amendment necessary

Vendors are instructed to acknowledge receipt of and compliance with this amendment by signing below and returning this acknowledgement with your bid or proposal.

Any questions regarding this amendment must be submitted in writing to the undersigned Procurement Officer.

Amy Jangula Johnson

Procurement Officer

PHONE: **701-328-1657**

FAX: **701-328-1030**

E-MAIL: **ajjangulajohnson@nd.gov**

SOLICITATION AMENDMENT

ACKNOWLEDGEMENT

SOLICITATION NUMBER AND TITLE: 325-14-050-029 Certified Behavioral Health
Electronic Health Record Information System

AMENDMENT NUMBER: 1

By my signature below, I hereby acknowledge receipt of and compliance with this amendment to the above referenced solicitation.

NAME OF BIDDER OR OFFEROR

MAILING ADDRESS

PRINTED NAME

SIGNATURE

TITLE

DATE